



## **Reports - System Documentation**

Non-browser, Instructions  
EDS - Project Number NCH00026

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Information Technology Section

North Carolina Division of Mental Health, Developmental Disabilities

And Substance Abuse Services

**APS Manual 1022**

Prepared By: EDS - IPRS



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## 1. INTRODUCTION

This project is to develop an Integrated Payment and Reporting System (IPRS) for the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SA). The division will use the IPRS to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Billing providers will submit a single claim to the State, and the division's IPRS will pay the claim from the appropriate funding sources, including Medicaid, "Pioneer", Thomas S., Willie M., Special Populations, Mental Retarded (MR)/Mentally Incapacitated (MI) and capitated risk contracts. The system is designed to provide the division, Local Managing Area (LMA)s, and area programs with "seamless integration" of DMH and Division of Medical Assistance (DMA) client, provider, prior authorization and claims data for eligibility lookup and claims filing processing and payment.

DMH/DD/SA services respond to the mental health, developmental disability and substance abuse needs of the people of North Carolina with a variety of programs and services. This division is responsible for administering federal and state funds designated for MH/DD/SA services, operating the State institutions, ensuring area programs meet funding requirements for Federal and State aid, and administering State standards for facility operations and licensing.

DMH/DD/SA currently uses several different systems for the reimbursement of services provided to clients. The Unit Cost Reimbursement (UCR) systems are maintained by the State and reside on an International Business Machine®<sup>1</sup> (IBM) mainframe. These systems are not integrated, and there is no central system for storing client eligibility information. IPRS replaces the existing UCR system with one integrated system for processing all MH/DD/SA claims. This provides DMH/DD/SA with a significantly enhanced system that includes increased flexibility to implement unique policy and payment strategies for MH/DD/SA patients in a timely and cost efficient manner. In addition, the UCR system reduces the amount of State funds required to maintain multiple claims processing systems, establishes a central repository of recipient data, allows the State to more closely monitor service delivery, eliminates potential over-billing, simplifies claim filing practices, and reduces claim's payment-cycle time.

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<sup>1</sup> IBM® is a registered Trademark of the International Business Machine Corp. All Rights Reserved.



## 2. SCOPE

IPRS includes a new and unique provider eligibility subsystem for DMH/DD/SA services and provides a method of entering provider information for the division and the pilot sites by using browser-based screens. An established process is used to determine a central provider identification number which links to the LMA assigned provider number. Provider number cross-referencing is established for providers that have more than one provider number. Specific provider information may be used to trace the provider back to the local managing agency. For maintenance of provider information, DMH/DD/SA services will also have the ability to add, suspend, cancel, terminate, modify or delete their providers. In addition, IPRS will provide a secure environment for the entry of provider data and provider information maintenance.

The IPRS project provides the DMH/DD/SA with a centralized Client Eligibility System, which will include Pioneer, Thomas S. and Willie M. clients. The information stored in this system will be used to process service claims submitted by billing providers.

The DMH/DD/SA currently uses the Pioneer Unit Cost Reimbursement System, which includes a number of interrelated and integrated policy and procedure components to assist the LMA with service delivery. Thomas S. and Willie M. clients are subsets of the pioneer population. The current Thomas S. and Willie M. systems maintain the eligibility data of each specified age disability program and level of eligibility (where appropriate) for which the client is eligible. Pioneer does not contain any client eligibility data. IPRS maintains this data, which is received directly from the LMAs and Thomas S. and Willie M. systems.

This document provides a structured examination of system parameters for Software Engineers (SE)s as defined in copybooks which identify the coding/programming behind the IPRS effort.

For those using strictly IPRS browsers, keep in mind that browser fields mirror the non-browser SE fields, and extracts data from a non-browser source (data base), making this document valuable for understanding copybook information and Data Element Definitions (DED)s (common elements for both).



### 3. ACRONYMS AND TERMS/ABBREVIATIONS

This section covers acronyms, terms, and abbreviations used throughout this document. Unique terms and abbreviations are explained within their respective section in this document. Most code and/or DED elements are not explained or covered in this section, but are covered in their respective DED section.

#### *Acronyms*

Acronym	Definition
BA	Business Anaylsts
CA	Carolina Access
CAP	Community Alternatives Program
COS	Category Of Service
DAW	Dispensed As Written
DED	Data Element Definition(s)
DHS	Division of Health Services
DMH	Department of Mental Health
EOB	Explanation Of Benefits
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FDOS	First Date Of Service
FP	Family Planning
HMO	Health Maintenance Organization
ICD	International Classification of Diseases
ICF	Intermediate Care Facility
ICN	Internal Control Number
ID	Identification
IPRS	Integrated Payment and Reporting System
LMA	Local Managing Area
MID	Medical Identification Number
MR	Mentally Retarded
NDC	National Drug Code
PA	Prior Approval
PCP	Primary Care Physician
PGP	Population Group Payer (aka POP)



Acronym	Definition
POS	Place Of Service
RA	Remittance Advice
SE	System Engineer
SHF	State History File
SRN	Service Request Number
SSI	Social Security Income
SSN	Social Security Number
TDOS	To Date Of Service
TPL	Third Party Liability
UB	Uniform Bill
UCR	Unit Cost Reimbursement

***Terms/Abbreviations***

Term/Abbreviation	Definition
CNTL	Control



## 4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME)

These are the “behind-the-scene” SE workings.

### 4.1 Components

#### *Built Data Definition Files*

File Number	Copybook	Description
1.	IPGY5001	Control Reporting Extract File
2.	HMEY2101	Medicare/Provider/Recipient Data

#### 4.1.1 Control Reporting Extract File

##### *4.1.1.1 Copybook IPGY5001*

MEMBER : IPGY5001

----- FIELD LEVEL/NAME -----	--PICTURE--	FLD	START	END	LENGTH
(PREF) CONTROL-EXT-RECORD			1	400	400
5 (PREF) CONTROL-EXT-RECORD	GROUP	1	1	400	400
10 (PREF) CNTL-REC-TYPE	X	2	1	1	1
10 (PREF) CNTL-ICN	X (15)	3	2	16	15
10 (PREF) CNTL-XREF-ICN	X (15)	4	17	31	15
10 (PREF) CNTL-BENE-MID	GROUP	5	32	41	10
20 (PREF) CNTL-BENE-SSN	X (9)	6	32	40	9
20 (PREF) CNTL-BENE-ALPH	X	7	41	41	1
10 (PREF) CNTL-POP-PAYER	X (5)	8	42	46	5
10 (PREF) CNTL-FIN-PAYER	X (5)	9	47	51	5
10 (PREF) CNTL-BILL-PROVNUM	X (8)	10	52	59	8
10 FILLER	X (5)	11	60	64	5
10 (PREF) CNTL-REF-PROVNUM	X (8)	12	65	72	8
10 FILLER	X (5)	13	73	77	5
10 (PREF) CNTL-ATTN-PROVNUM	X (8)	14	78	85	8
10 FILLER	X (5)	15	86	90	5
10 (PREF) CNTL-PROCEDURE-CODE	X (5)	16	91	95	5
10 (PREF) CNTL-FDOS	S9 (9)	17	96	100	5
10 (PREF) CNTL-TDOS	S9 (9)	18	101	105	5
10 (PREF) CNTL-UNITS	S9 (7)	19	106	109	4
10 (PREF) CNTL-PAID-AMT	S9 (7) V99	20	110	114	5
10 (PREF) CNTL-TOT-BILL	S9 (7) V99	21	115	119	5
10 (PREF) CNTL-PAYMENT-DATE	S9 (9)	22	120	124	5
10 (PREF) CNTL-EOB-NUM	S9 (5)	23	125	127	3
10 (PREF) CNTL-ERR-TABLE	GROUP	24	128	177	50



15 (PREF) CNTL-ERRS (1)	OCCURS 10 TIMES				
	GROUP	25	128	132	5
20 (PREF) CNTL-ERR-FLAG (1)	X	26	128	128	1
20 (PREF) CNTL-ERR-NUM (1)	9 (4)	27	129	132	4
15 (PREF) CNTL-ERRS (2)	GROUP	25	133	137	5
20 (PREF) CNTL-ERR-FLAG (2)	X	26	133	133	1
20 (PREF) CNTL-ERR-NUM (2)	9 (4)	27	134	137	4
15 (PREF) CNTL-ERRS (3)	GROUP	25	138	142	5
20 (PREF) CNTL-ERR-FLAG (3)	X	26	138	138	1
20 (PREF) CNTL-ERR-NUM (3)	9 (4)	27	139	142	4
15 (PREF) CNTL-ERRS (4)	GROUP	25	143	147	5
20 (PREF) CNTL-ERR-FLAG (4)	X	26	143	143	1
20 (PREF) CNTL-ERR-NUM (4)	9 (4)	27	144	147	4
15 (PREF) CNTL-ERRS (5)	GROUP	25	148	152	5
20 (PREF) CNTL-ERR-FLAG (5)	X	26	148	148	1
20 (PREF) CNTL-ERR-NUM (5)	9 (4)	27	149	152	4
15 (PREF) CNTL-ERRS (6)	GROUP	25	153	157	5
20 (PREF) CNTL-ERR-FLAG (6)	X	26	153	153	1
20 (PREF) CNTL-ERR-NUM (6)	9 (4)	27	154	157	4
15 (PREF) CNTL-ERRS (7)	GROUP	25	158	162	5
20 (PREF) CNTL-ERR-FLAG (7)	X	26	158	158	1
20 (PREF) CNTL-ERR-NUM (7)	9 (4)	27	159	162	4
15 (PREF) CNTL-ERRS (8)	GROUP	25	163	167	5
20 (PREF) CNTL-ERR-FLAG (8)	X	26	163	163	1
20 (PREF) CNTL-ERR-NUM (8)	9 (4)	27	164	167	4
15 (PREF) CNTL-ERRS (9)	GROUP	25	168	172	5
20 (PREF) CNTL-ERR-FLAG (9)	X	26	168	168	1
20 (PREF) CNTL-ERR-NUM (9)	9 (4)	27	169	172	4
15 (PREF) CNTL-ERRS (10)	GROUP	25	173	177	5
20 (PREF) CNTL-ERR-FLAG (10)	X	26	173	173	1
20 (PREF) CNTL-ERR-NUM (10)	9 (4)	27	174	177	4
10 FILLER	X (223)	28	178	400	223

#### 4.1.1.2 Data Element Definitions

Data Definition File – Control Reporting Extract File – IPGY5001		
Data Element/Structure	Definition/Explanation	Comments
CNTL-ATTN-PROVNUM	Attending provider number.	
CNTL-BENE-ALPH	Check digit of beneficiary MID.	
CNTL-BENE-MID	Beneficiary MID.	
CNTL-BENE-SSN	Beneficiary Social Security Number (SSN)	
CNTL-BILL-PROVNUM	Billing provider number.	
CNTL-EOB-NUM	Explanation Of Benefits (EOB) number.	
CNTL-ERR-FLAG	Error flag.	Occurs 10 times.
CNTL-ERR-NUM	Error number.	Occurs 10 times.
CNTL-ERRS	Errors associated with EOB.	Occurs 10 times.



Data Definition File – Control Reporting Extract File – IPGY5001		
Data Element/Structure	Definition/Explanation	Comments
CNTL-ERR-TABLE	Table of errors for this claim.	
CNTL-FDOS	From date of service.	
CNTL-FIN-PAYER	Financial payer.	
CNTL-ICN	Internal Control Number (ICN).	
CNTL-PAID-AMT	Amount paid.	
CNTL-PAYMENT-DATE	Date paid.	
CNTL-POP-PAYER	Population group payer.	
CNTL-PROCEDURE-CODE	Procedure code.	
CNTL-REC-TYPE	Type of extract record.	1 – paid 2 – denied ' ' – pending (blank) X – xcounter
CNTL-REF-PROVNUM	Referring provider number.	
CNTL-TDOS	To date of service.	
CNTL-TOT-BILL	Total bill amount.	
CNTL-UNITS	Number of units.	
CNTL-XREF-ICN	Cross-reference ICN.	
CONTROL-EXT-RECORD	Extract record.	400 bytes in length

## 4.1.2 Medicare/Provider/Recipient Data

### 4.1.2.1 Copybook HMEY2101

The following copybook is a condensed version. It contains all unique line items in sequential order as found in the complete copybook. To view the complete copybook, see the Compact Disk (CD), under the "Copybooks" directory, HMEY2101.doc.

MEMBER : HMEY2101

----- FIELD LEVEL/NAME -----	--PICTURE--	FLD	START	END	LENGTH
SHF-HEADER			1	15184	15184
5 SHF-HEADER	GROUP	1	1	782	782
10 SHF-TXN-TYPE	S999	2	1	2	2



10	SHF-ICN	S9 (15)	3	3	10	8
10	SHF-ICN-FIN-PAYER	X (5)	4	11	15	5
10	SHF-HDR-POP-PAYER	X (5)	5	16	20	5
10	SHF-CK-DATE	S9 (9)	6	21	25	5
10	SHF-RA-NBR	S9 (9)	7	26	30	5
10	SHF-CLAIM-AGE	S999	8	31	32	2
10	SHF-CLM-TYPE	X	9	33	33	1
10	SHF-ADJ-SUPP-PAY-IND	X	10	34	34	1
10	SHF-HDR-FDOS	S9 (9)	11	35	39	5
10	SHF-HDR-TDOS	S9 (9)	12	40	44	5
10	SHF-ADMIT-DATE	S9 (9)	13	45	49	5
10	SHF-ADMIT-HOUR	XX	14	50	51	2
10	SHF-ADM-TYPE-IND	X	15	52	52	1
10	SHF-HDR-COV-DAYS	S999	16	53	54	2
10	SHF-HDR-NONCOV-DAYS	S999	17	55	56	2
10	SHF-DELIVERY-DATE	S9 (9)	18	57	61	5
10	SHF-DISCH-DEATH-DATE	S9 (9)	19	62	66	5
10	SHF-DISCHARGE-STATUS	XX	20	67	68	2
10	SHF-DIAGNOSIS	GROUP	21	69	113	45
15	SHF-PRIMARY-DIAG	X (5)	22	69	73	5
15	SHF-SECOND-DIAG	X (5)	23	74	78	5
15	SHF-THIRD-DIAG	X (5)	24	79	83	5
15	SHF-FOURTH-DIAG	X (5)	25	84	88	5
15	SHF-FIFTH-DIAG	X (5)	26	89	93	5
15	SHF-SIXTH-DIAG	X (5)	27	94	98	5
15	SHF-SEVENTH-DIAG	X (5)	28	99	103	5
15	SHF-EIGHTH-DIAG	X (5)	29	104	108	5
15	SHF-NINTH-DIAG	X (5)	30	109	113	5
10	SHF-ADMIT-DIAG	X (5)	31	114	118	5
10	SHF-ECODE-DIAG	X (5)	32	119	123	5
10	SHF-SURG-PCODES	GROUP	33	124	183	60
15	SHF-SURG-PRIN-PCODE	X (5)	34	124	128	5
15	SHF-SURG-PRIN-PCODE-DATE	S9 (9)	35	129	133	5
15	SHF-SURG-PCODE-2	X (5)	36	134	138	5
15	SHF-SURG-PCODE-DATE-2	S9 (9)	37	139	143	5
15	SHF-SURG-PCODE-3	X (5)	38	144	148	5
15	SHF-SURG-PCODE-DATE-3	S9 (9)	39	149	153	5
15	SHF-SURG-PCODE-4	X (5)	40	154	158	5
15	SHF-SURG-PCODE-DATE-4	S9 (9)	41	159	163	5
15	SHF-SURG-PCODE-5	X (5)	42	164	168	5
15	SHF-SURG-PCODE-DATE-5	S9 (9)	43	169	173	5
15	SHF-SURG-PCODE-6	X (5)	44	174	178	5
15	SHF-SURG-PCODE-DATE-6	S9 (9)	45	179	183	5
10	SHF-DRG-NUM	GROUP	46	184	187	4
15	FILLER	X	47	184	184	1
15	SHF-DRG	XXX	48	185	187	3
10	SHF-MED-REC-NUM	X (17)	49	188	204	17
10	SHF-PAT-CNTRL-NUM	X (20)	50	205	224	20
10	SHF-BENE-ID	GROUP	51	225	238	14
15	SHF-BENE-LIV-ARR	XX	52	225	226	2
15	SHF-BENE-CNTY	XX	53	227	228	2
15	SHF-BENE-MID	X (10)	54	229	238	10
10	SHF-BENE-ELIG-SOURCE-PAYER	X (5)	55	239	243	5
10	SHF-SUBMITTED-MID	GROUP	56	244	253	10
15	SHF-SUB-SSN	X (9)	57	244	252	9
15	SHF-SUB-ALPHA	X	58	253	253	1
10	SHF-BENE-NAME	GROUP	59	254	277	24



15	SHF-BENE-LAST	X (13)	60	254	266	13
15	SHF-BENE-FIRST	X (10)	61	267	276	10
15	SHF-BENE-MI	X	62	277	277	1
10	SHF-BENE-SEX	X	63	278	278	1
10	SHF-BENE-RACE	X	64	279	279	1
10	SHF-BENE-DOB	S9 (9)	65	280	284	5
10	SHF-PROG-CODE	GROUP	66	285	289	5
15	SHF-AID-PROG	X	67	285	285	1
15	SHF-AID-CAT	XX	68	286	287	2
15	SHF-MED-CLASS	X	69	288	288	1
15	SHF-SSI-STATUS	X	70	289	289	1
10	SHF-PAY-TYPE	X	71	290	290	1
10	SHF-FAM-STATUS	X	72	291	291	1
10	SHF-BENE-CAP-IND	XX	73	292	293	2
10	SHF-REFUGEE-IND	X	74	294	294	1
10	SHF-BILL-PROV-NUM	X (13)	75	295	307	13
10	SHF-PROV-ENROLL-SOURCE-PAYER	X (5)	76	308	312	5
10	SHF-BILL-PROV-START-DATE	S9 (9)	77	313	317	5
10	SHF-BILL-PROV-END-DATE	S9 (9)	78	318	322	5
10	SHF-BILL-PROV-NAME	X (5)	79	323	327	5
10	SHF-BILL-PROV-SPEC	GROUP	80	328	331	4
15	FILLER	X	81	328	328	1
15	SHF-PROV-SPEC-NUM	XXX	82	329	331	3
10	SHF-BILL-PROV-TYPE	GROUP	83	332	335	4
15	FILLER	X	84	332	332	1
15	SHF-PROV-TYPE-NUM	XXX	85	333	335	3
10	SHF-PROV-CNTY	XXX	86	336	338	3
10	SHF-PROV-SITE-STATE	XX	87	339	340	2
10	SHF-ATTEND-PROV-NUM	X (13)	88	341	353	13
10	SHF-PRESCRIBER	X (9)	89	354	362	9
10	SHF-PRESCRIBER-FILLER	X (4)	90	363	366	4
10	SHF-HDR-EOB	S9 (5)	91	367	369	3
10	SHF-HDR-HIPAA-EOB	S9 (5)	92	370	372	3
10	SHF-TOT-BILLED	S9 (7) V99	93	373	377	5
10	SHF-TOT-BILLED-ORIG	S9 (7) V99	94	378	382	5
10	SHF-REIM-RATE	S999V9 (4)	95	383	386	4
10	SHF-COPAY-AMT	S9 (7) V99	96	387	391	5
10	SHF-OTHER-INS	S9 (7) V99	97	392	396	5
10	SHF-CUTBACK	S9 (7) V99	98	397	401	5
10	SHF-SPENDDOWN	S9 (7) V99	99	402	406	5
10	SHF-PAT-LIAB	S9 (7) V99	100	407	411	5
10	SHF-PAID-AMT	S9 (7) V99	101	412	416	5
10	SHF-MED-DEDUCT	S9 (7) V99	102	417	421	5
10	SHF-COINS-AMT	S9 (7) V99	103	422	426	5
10	SHF-NON-COV-AMT	S9 (7) V99	104	427	431	5
10	SHF-PROV-DISC-AMT	S9 (7) V99	105	432	436	5
10	SHF-DSP-SHARE-AMT	S9 (7) V99	106	437	441	5
10	SHF-PROF-COMP	S999V99	107	442	444	3
10	SHF-TPL-IND	X	108	445	445	1
10	SHF-PERIOD-CODE	S9 (5)	109	446	448	3
10	SHF-HDR-CAT-SERV	GROUP	110	449	452	4
15	FILLER	XX	111	449	450	2
15	SHF-HDR-COS	XX	112	451	452	2
10	SHF-FP-CAT-SERV	GROUP	113	453	456	4
15	FILLER	XX	114	453	454	2
15	SHF-FP-COS	XX	115	455	456	2
10	SHF-CREDIT-IND	X	116	457	457	1



10	SHF-FAM-PLAN-PCT	S9V99	117	458	459	2
10	SHF-EPSDT-IND	XX	118	460	461	2
10	SHF-UB-IND	X	119	462	462	1
10	SHF-PA-NUM	X(11)	120	463	473	11
10	SHF-SRN-NUM	X(13)	121	474	486	13
10	SHF-RSN-CODE	XXX	122	487	489	3
10	SHF-REF-ICN-CLAIM	S9(15)	123	490	497	8
10	SHF-REF-ICN-FIN-PAYER	X(5)	124	498	502	5
10	SHF-REF-ICN-DATE	S9(9)	125	503	507	5
10	SHF-FED-AMT	S9(7)V99	126	508	512	5
10	SHF-STATE-AMT	S9(7)V99	127	513	517	5
10	SHF-CNTY-AMT	S9(7)V99	128	518	522	5
10	SHF-OTHER-REVENUES	S9(7)V99	129	523	527	5
10	SHF-FED-AMT-FP	S9(7)V99	130	528	532	5
10	SHF-STATE-AMT-FP	S9(7)V99	131	533	537	5
10	SHF-CNTY-AMT-FP	S9(7)V99	132	538	542	5
10	SHF-DEBIT-CODE	XXX	133	543	545	3
10	SHF-CREDIT-CODE	XXX	134	546	548	3
10	SHF-MED-COV	X	135	549	549	1
10	SHF-SPECIAL-PRICING-IND	X	136	550	550	1
10	SHF-HDR-OFFSET-AMT	S9(7)V99	137	551	555	5
10	SHF-FUNDING-CODE	X(4)	138	556	559	4
10	SHF-PAYER-CODE	X(5)	139	560	564	5
10	SHF-MCARE-HDR-DATA-1	GROUP	140	565	587	23
15	SHF-MCARE-PROV-NUM	X(13)	141	565	577	13
15	SHF-MCARE-ICN	S9(18)	142	578	587	10
10	FILLER REDEFINES SHF-MCARE-HDR-DATA-1					
10	FILLER	GROUP	143	565	587	23
15	SHF-ENC-PROV-NUM	X(13)	144	565	577	13
15	FILLER	X(10)	145	578	587	10
10	FILLER REDEFINES SHF-MCARE-HDR-DATA-1					
10	FILLER	GROUP	146	565	587	23
15	FILLER	X(13)	147	565	577	13
15	SHF-DHS-ICN	S9(18)	148	578	587	10
10	SHF-MCARE-HDR-DATA-2	GROUP	149	588	627	40
15	SHF-MCARE-ASSIGN	X	150	588	588	1
15	SHF-MCARE-PAY-DATE	S9(9)	151	589	593	5
15	SHF-MCARE-TOT-BILL	S9(7)V99	152	594	598	5
15	SHF-MCARE-TOT-COINS	S9(7)V99	153	599	603	5
15	SHF-MCARE-TOT-DED	S9(5)V99	154	604	607	4
15	SHF-MCARE-NONCOV-AMT	S9(7)V99	155	608	612	5
15	SHF-MCARE-TOT-PAY	S9(7)V99	156	613	617	5
15	SHF-MCARE-TOT-ALLOW	S9(7)V99	157	618	622	5
15	SHF-MCARE-STATUS	X	158	623	623	1
15	SHF-MCARE-EOB	X(4)	159	624	627	4
10	SHF-HDR-BENE-EXT-COVERAGE	X	160	628	628	1
10	SHF-HDR-CA-SPECIAL-EXEMPT	X	161	629	629	1
10	SHF-SBHC-IND	X	162	630	630	1
10	SHF-SBHC-SPONSOR	X(13)	163	631	643	13
10	FILLER	X(27)	164	644	670	27
10	SHF-DTL-CNT	S9(4)	165	671	672	2
10	SHF-DTL-CNT-ORIG	S9(4)	166	673	674	2
10	SHF-SEPARATION-COUNT	S9(4)	167	675	676	2
10	SHF-MSIS-PRESCRIBER	X(13)	168	677	689	13
10	FILLER	X(93)	169	690	782	93
5	SHF-DETAIL-PORTION(1) OCCURS 0 TO 38 TIMES	DEPENDING ON SHF-DTL-CNT				
	GROUP		170	783	1161	379



10	SHF-DTL-STAT-IND (1)	X	171	783	783	1
10	SHF-DTL-POP-PAYER (1)	X (5)	172	784	788	5
10	SHF-DTL-FDOS (1)	S9 (9)	173	789	793	5
10	SHF-DTL-TDOS (1)	S9 (9)	174	794	798	5
10	SHF-DTL-POS (1)	X	175	799	799	1
10	SHF-DTL-POS-2 (1)	XX	176	800	801	2
10	SHF-DTL-TOS (1)	X	177	802	802	1
10	SHF-DTL-UNITS (1)	S9 (5)	178	803	805	3
10	SHF-DTL-COV-DAYS REDEFINES SHF-DTL-UNITS					
10	SHF-DTL-COV-DAYS (1)	S9 (4) V9	179	803	805	3
10	SHF-DTL-RX-QNTY (1)	S999	180	806	807	2
10	SHF-DTL-RX-NBR (1)	X (7)	181	808	814	7
10	SHF-DTL-PROC-PAYER (1)	X (5)	182	815	819	5
10	SHF-DTL-NAT-DRUG-CODE (1)	GROUP	183	820	832	13
15	SHF-DTL-PROC (1)	X (5)	184	820	824	5
15	SHF-DTL-NDC (1)	X (6)	185	825	830	6
15	SHF-DTL-NDC-FILLER (1)	XX	186	831	832	2
10	SHF-DTL-DAYS-SUPPLY (1)	S999	187	833	834	2
10	SHF-DTL-RX-REFILL (1)	X	188	835	835	1
10	SHF-DTL-DAW-IND (1)	X	189	836	836	1
10	SHF-DTL-PCODE-MODIFIERS (1,1) OCCURS 10 TIMES					
		GROUP	190	837	838	2
15	SHF-DTL-PCODE-MOD (1,1)	XX	191	837	838	2
10	SHF-DTL-TOOTH (1)	XX	192	857	858	2
10	SHF-DTL-THER-CLASS (1)	XXX	193	859	861	3
10	SHF-DTL-CAT-SERV (1)	GROUP	194	862	865	4
15	FILLER (1)	XX	195	862	863	2
15	SHF-DTL-COS (1)	XX	196	864	865	2
10	SHF-DTL-PA-NUM (1)	X (11)	197	866	876	11
10	SHF-DTL-SRN-NUM (1)	X (13)	198	877	889	13
10	SHF-DTL-BENE-ENROLL-PAYERS (1,1) OCCURS 5 TIMES					
		X (5)	199	890	894	5
10	SHF-DTL-BENE-AGE (1)	S999	200	915	916	2
10	SHF-DTL-FAM-PLAN (1)	X	201	917	917	1
10	SHF-DTL-LVL-PAY (1)	X	202	918	918	1
10	SHF-DTL-BILLED (1)	S9 (7) V99	203	919	923	5
10	SHF-DTL-COPAY (1)	S9 (7) V99	204	924	928	5
10	SHF-DTL-OTHR-INS (1)	S9 (7) V99	205	929	933	5
10	SHF-DTL-CUTBACK (1)	S9 (7) V99	206	934	938	5
10	SHF-DTL-SPNDOWN (1)	S9 (7) V99	207	939	943	5
10	SHF-DTL-PAID (1)	S9 (7) V99	208	944	948	5
10	SHF-DTL-FED-AMT (1)	S9 (7) V99	209	949	953	5
10	SHF-DTL-STATE-AMT (1)	S9 (7) V99	210	954	958	5
10	SHF-DTL-CNTY-AMT (1)	S9 (7) V99	211	959	963	5
10	SHF-DTL-OTHER-REVENUES (1)	S9 (7) V99	212	964	968	5
10	SHF-DTL-FED-AMT-FP (1)	S9 (7) V99	213	969	973	5
10	SHF-DTL-STATE-AMT-FP (1)	S9 (7) V99	214	974	978	5
10	SHF-DTL-CNTY-AMT-FP (1)	S9 (7) V99	215	979	983	5
10	SHF-DTL-DSP-SHARE-AMT (1)	S9 (7) V99	216	984	988	5
10	SHF-DTL-RATE-PAYER (1)	X (5)	217	989	993	5
10	SHF-DTL-COPAY-PAYER (1)	X (5)	218	994	998	5
10	SHF-DTL-EOB (1)	S9 (5)	219	999	1001	3
10	SHF-DTL-HIPAA-EOB (1)	S9 (5)	220	1002	1004	3
10	SHF-DTL-MANCARE-IND1 (1)	X (8)	221	1005	1012	8
10	SHF-DTL-MANCARE-IND2 (1)	X (8)	222	1013	1020	8
10	SHF-DTL-PCPNO (1)	X (8)	223	1021	1028	8
10	FILLER REDEFINES SHF-DTL-PCPNO	GROUP	224	1021	1028	8



15 SHF-DTL-PCPNO-6 (1)	X (6)	225	1021	1026	6
15 FILLER (1)	XX	226	1027	1028	2
10 SHF-DTL-PCPNO-FILLER (1)	X (5)	227	1029	1033	5
10 SHF-DTL-PCP-SPEC (1)	XXX	228	1034	1036	3
10 SHF-DTL-PCP-TYPE (1)	XXX	229	1037	1039	3
10 SHF-DTL-PLAN-NUM (1)	X (13)	230	1040	1052	13
10 SHF-DTL-PLAN-CATEGORY (1)	X (4)	231	1053	1056	4
10 SHF-CACCESS-IND (1)	X	232	1057	1057	1
10 SHF-DTL-OFFSET-AMT (1)	S9 (7) V99	233	1058	1062	5
10 SHF-DTL-BENE-EXT-COVERAGE (1)	X	234	1063	1063	1
10 SHF-DTL-CA-SPECIAL-EXEMPT (1)	X	235	1064	1064	1
10 SHF-ODTL-BILL-AMT (1)	S9 (7) V99	236	1065	1069	5
10 SHF-ODTL-PAID-AMT (1)	S9 (7) V99	237	1070	1074	5
10 SHF-ODTL-INS (1)	S9 (7) V99	238	1075	1079	5
10 SHF-ODTL-COPAY (1)	S9 (5) V99	239	1080	1083	4
10 SHF-ODTL-SPEND (1)	S9 (7) V99	240	1084	1088	5
10 SHF-ODTL-UB82-NONCOV REDEFINES SHF-ODTL-SPEND					
10 SHF-ODTL-UB82-NONCOV (1)	S9 (7) V99	241	1084	1088	5
10 SHF-ODTL-MCAID-SHARE (1)	S9 (9) V99	242	1089	1094	6
10 SHF-ODTL-NON-MCAID-SHARE (1)	S9 (9) V99	243	1095	1100	6
10 SHF-ODTL-COV-DAYS (1)	S999	244	1101	1102	2
10 SHF-ODTL-LVL3-RVS-UNITS (1)	S9 (5)	245	1103	1105	3
10 SHF-ODTL-CONV-FACTOR (1)	S9 (5) V99	246	1106	1109	4
10 SHF-ODTL-FP-IND (1)	X	247	1110	1110	1
10 FILLER (1)	X (51)	248	1111	1161	51

#### 4.1.2.2 Data Element Definitions

Data Definition File – Medicare/Provider/Recipient Data – HMEY2101		
Data Element/Structure	Definition/Explanation	Comments
SHF		SHF = State History File.
SHF-ADJ-SUPP-PAY-IND	A code identifying the adjustment action taken on the claim.	
SHF-ADMIT-DATE	The date the patient was admitted for inpatient or outpatient care.	
SHF-ADMIT-DIAG	The diagnosis for which the patient was admitted for inpatient or outpatient care.	
SHF-ADMIT-HOUR	The hour the patient was admitted for inpatient or outpatient care.	
SHF-ADM-TYPE-IND	A code indicating admission priority.	
SHF-AID-CAT	The aid category for the claim.	
SHF-AID-PROG	The aid program for the claim.	
SHF-ATTEND-PROV-NUM	The attending provider's provider number.	
SHF-BENE-CAP-IND	The indicator of the recipient's type of waiver for the Community Alternatives Program (CAP).	



Data Definition File – Medicare/Provider/Recipient Data – HMEY2101		
Data Element/Structure	Definition/Explanation	Comments
SHF-BENE-CNTY	The recipient's residing North Carolina county.	
SHF-BENE-DOB	The recipient's date of birth.	
SHF-BENE-ELIG-SOURCE-PAYER	Payer that establishes recipient enrollment.	
SHF-BENE-FIRST	The recipient's first name.	
SHF-BENE-ID	The recipient's unique Medicaid Identification number (MID).	
SHF-BENE-LAST	The recipient's last name.	
SHF-BENE-LIV-ARR	The recipient's living arrangement, such as Intermediate Care Facility for the Mentally Retarded (ICF/MR), hospital, foster care, adoptive home, etc.	
SHF-BENE-MI	The recipient's middle initial.	
SHF-BENE-MID	A recipient's unique Medicaid Identification Number (MID).	
SHF-BENE-NAME	The recipient's complete name, including first name, middle-initial, and last name.	
SHF-BENE-RACE	The recipient's race.	
SHF-BENE-SEX	The recipient's gender.	
SHF-BILL-PROV-END-DATE	End date of provider authorization.	
SHF-BILL-PROV-NAME	The billing provider's name for the claim.	
SHF-BILL-PROV-NUM	The eight character provider number of the billing provider for the claim.	
SHF-BILL-PROV-SPEC	The billing provider's specialty.	
SHF-BILL-PROV-START-DATE	Start date of provider authorization.	
SHF-BILL-PROV-TYPE	The billing provider type.	
SHF-CACCESS-IND	A code indicating if a Carolina Access (CA) card should be produced/used.	Occurs 0 to 38 times depending on "SHF-DTL-CNT".
SHF-CK-DATE	Final status date.	
SHF-CLAIM-AGE	Identifies how long, in number of days, the claim has been in the system.	
SHF-CLM-TYPE	The claim type.	



Data Definition File – Medicare/Provider/Recipient Data – HMEY2101		
Data Element/Structure	Definition/Explanation	Comments
SHF-CNTY-AMT	County amount.	
SHF-CNTY-AMT-FP	County amount – family planning claims.	
SHF-COINS-AMT	Coinsurance amount.	“COINS” = Coinsurance.
SHF-COPAY-AMT	Copay amount.	
SHF-CREDIT-CODE	Three digit account code to credit.	
SHF-CREDIT-IND	Credit indicator.	C – credit D – debit
SHF-CUTBACK	Claim cutback amount.	
SHF-DEBIT-CODE	Three-digit account code to debit.	
SHF-DELIVERY-DATE	Surgery delivery date.	
SHF-DETAIL-PORION	The detailed portion of the record.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DHS-ICN	The Division of Health Services (DHS) Internal Control Number (ICN) for the claim.	
SHF-DIAGNOSIS	The International Classification of Diseases (ICD)-9-CM code describing the physician's diagnosis.	
SHF-DISCHARGE-STATUS	The recipient's discharge status.	
SHF-DISCH-DEATH-DATE	The recipient's discharge date due to death.	
SHF-DRG	Diagnosis related grouping.	
SHF-DRG-NUM	Four-digit diagnosis related grouping number on Uniform Bill (UB) claim.	
SHF-DSP-SHARE-AMT	The disproportionate share amount.	
SHF-DTL-BENE-AGE	The recipient's age.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-BENE-ENROLL-PAYERS	Five-digit payer code that indicates the first five population group payers where the recipient is enrolled.	Occurs 0 to 38 times depending on “SHF-DTL-CNT” and occurs five times within each “SHF-DTL-CNT”.
SHF-DTL-BENE-EXT-COVERAGE	Detail for extended coverage.	Occurs 0 to 38 times depending on “SHF-DTL-



Data Definition File – Medicare/Provider/Recipient Data – HMEY2101		
Data Element/Structure	Definition/Explanation	Comments
		CNT”.
SHF-DTL-BILLED	The amount billed for the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-CAT-SERV	The category of service for the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-CNT	The total number of details on the claim.	
SHF-DTL-CNT-ORIG	The original number of details that came in with a claim.	
SHF-DTL-CNTY-AMT	The amount for the county on the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-CNTY-AMT-FP	The Family Planning (FP) amount for the county on the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-COPAY	Insurance copay for the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-COPAY-PAYER	The Payer “COPAY” was found under.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-COS	The Category Of Service (COS) for the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-COV-DAY	The number of days covered on the detail.	Redefines “SHF-DTL-UNITS”. Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-CUTBACK	The cutback amount for this detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-DAW-IND	An indicator identifying the prescribing physician required a prescription to be Dispensed As Written (DAW) rather than allow a generic substitution.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-DAYS-SUPPLY	The number of days the drug dispensed will last the recipient if taken as directed.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.



Data Definition File – Medicare/Provider/Recipient Data – HMEY2101		
Data Element/Structure	Definition/Explanation	Comments
SHF-DTL-DSP-SHARE-AMT	The disproportionate share amount for this detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-EOB	The details Explanation Of Benefits (EOB).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-FAM-PLAN	Family Planning (FP) detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-FDOS	The First Date Of Service (FDOS) this detail is billed.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-FED-AMT	The details Federal amount.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-FED-AMT-FP	The details Federal amount for Family Planning (FP).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-HIPAA-EOB	Health Insurance and Portability and Accountability Act (HIPAA) (of 1996) Explanation Of Benefits (EOB).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-LVL-PAY	Level of payment for the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-MANCARE-IND1	Managed care indicator 1.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-MANCARE-IND2	Managed care indicator 2.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-NAT-DRUG-CODE	The national drug code for the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-NDC	The National Drug Code (NDC) assigned to pharmacy claims that identify the drug dispensed.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-NDC-FILLER	Filler used for the detail’s National Drug Code (NDC).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-OFFSET-AMT	Mental health cutback amount.	Occurs 0 to 38 times depending on “SHF-DTL-



Data Definition File – Medicare/Provider/Recipient Data – HMEY2101		
Data Element/Structure	Definition/Explanation	Comments
		CNT”.
SHF-DTL-OTHER-REVENUES	Detail for other revenues.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-OTHR-INS	Detail for other insurance.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-PAID	The amount paid for the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-PA-NUM	The Prior Approval (PA) number that applies to the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-PCODE-MOD	A code that provides specific information about a procedure code.	Occurs 0 to 38 times depending on “SHF-DTL-CNT” and occurs 10 times within each “SHF-DTL-CNT”.
SHF-DTL-PCODE-MODIFIERS	A code that provides specific information about a procedure code.	Occurs 0 to 38 times depending on “SHF-DTL-CNT” and occurs 10 times within each “SHF-DTL-CNT”.
SHF-DTL-PCPNO	The Primary Care Provider (PCP) number for this detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-PCPNO-6	The last 6 digits of the Primary Care Provider (PCP).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-PCPNO-FILLER	Filler for the Primary Care Provider's (PCP) provider number.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-PCP-SPEC	The Primary Care Provider (PCP) specialty.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-PCP-TYPE	The Primary Care Provider (PCP) type.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-PLAN-CATEGORY	The Health Maintenance Organization (HMO) plan category.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.



Data Definition File – Medicare/Provider/Recipient Data – HMEY2101		
Data Element/Structure	Definition/Explanation	Comments
SHF-DTL-PLAN-NUM	This period's Health Maintenance Organization (HMO) plan number.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-POP-PAYER	Five-digit payer code indicating the Population Group Payer (PGP – also known as POP) this claim should process medical policy through.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-POS	A code assigned to indicate Place Of Service (POS).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-POS-2	Two digits Place Of Service (POS) for Health Insurance and Portability and Accountability Act (HIPAA) expansion.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-PROC	The detail procedure code.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-PROC-PAYER	The financial payer for the detail procedure.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-RATE-PAYER	Payer for which this rate was found.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-RX-NBR	The prescription number on the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-RX-QNTY	The prescription quantity on the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-RX-REFILL	The prescription refill date on the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-SPNDOWN	The spenddown amount for this detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-SRN-NUM	The detail Service Request Number (SRN).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-STATE-AMT	The amount on the detail for which the State is responsible.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-STATE-AMT-	The Family Planning (FP) amount on the detail	Occurs 0 to 38 times depending on “SHF-DTL-



Data Definition File – Medicare/Provider/Recipient Data – HMEY2101		
Data Element/Structure	Definition/Explanation	Comments
FP	for which the State is responsible.	CNT”.
SHF-DTL-STAT-IND	Indicator for the status of the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-TDOS	The last date of service billed for the detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-THER-CLASS	The general category the dispensed drug is assigned.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-TOOTH	The tooth number on dental claims that identify the specific tooth the procedure was performed on.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-TOS	A code indicating a general category (type) of service.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-DTL-UNITS	The number of units for this detail.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-ECODE-DIAG	Ecode diagnosis on the UB claim.	
SHF-EIGHTH-DIAG	The International Classification of Diseases (ICD)-9-CM code describing the physician's eight diagnosis.	
SHF-ENC-PROV-NUM	Encounter provider number.	
SHF-EPSDT-IND	A code that indicates if the system is to generate an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) claim, both, or neither.	This is usually a Division of Health Services (DHS) claim.
SHF-FAM-PLAN-PCT	The percentage for Family Planning (FP).	
SHF-FAM-STATUS	Beneficiary family status.	
SHF-FED-AMT	The amount for which Federal authorities are responsible.	
SHF-FED-AMT-FP	The Family Planning (FP) amount for which Federal authorities are responsible.	
SHF-FIFTH-DIAG	The International Classification of Diseases (ICD)-9-CM code describing the physician's fifth diagnosis.	
SHF-FOURTH-DIAG	The International Classification of Diseases (ICD)-9-CM code describing the physician's fourth diagnosis.	



Data Definition File – Medicare/Provider/Recipient Data – HMEY2101		
Data Element/Structure	Definition/Explanation	Comments
SHF-FP-CAT-SERV	A code indicating the Family Planning (FP) category of service.	
SHF-FP-COS	A code indicating the Family Planning (FP) category of service.	
SHF-FUNDING-CODE	The funding code for the claim.	
SHF-HDR-BENE-EXT-COVERAGE	Indicates if the recipient has extended coverage due to specific circumstances.	
SHF-HDR-CA-SPECIAL-EXEMPT	Indicates if the recipient had extended coverage due to hurricane Floyd and that the claim by passed many Carolina Access (CA) edits.	
SHF-HDR-CAT-SERV	Indicates the category of service.	
SHF-HDR-COS	Header for Category Of Service (COS).	
SHF-HDR-COV-DAYS	The number of days covered on the claim.	
SHF-HDR-EOB	The Explanation Of Benefits (EOB) for the claim.	
SHF-HDR-FDOS	The First Date Of Service (FDOS) billed on the claim.	
SHF-HDR-HIPAA-EOB	The Health Insurance and Portability and Accountability Act (HIPAA) (of 1996) Explanation Of Benefits (EOB) for the claim.	
SHF-HDR-NONCOV-DAYS	The number of days on the claim that are not covered by Medicaid.	
SHF-HDR-OFFSET-AMT	Mental Health cutback amount.	
SHF-HDR-POP-PAYER	Indicator-type field.	<p>Increase Processing.</p> <p>Ultimately, Benefit Packages determines the Population Groups.</p> <p>Identifies if a claim contains one or more population groups. If the claim only has one Population Group, this field will display that value. If the claim has multiple population groups within this Financial Payer, this field is initialized (empty).</p>



Data Definition File – Medicare/Provider/Recipient Data – HMEY2101		
Data Element/Structure	Definition/Explanation	Comments
SHF-HDR-TDOS	The To Date Of Service (TDOS).	
SHF-HEADER	The header section of the record.	
SHF-ICN	The unique Internal Control Number (ICN) assigned to the claim.	
SHF-ICN-FIN-PAYER	The financial payer's unique Internal Control Number (ICN) assigned to the claim.	
SHF-MCARE-ASSIGN	Indicates if Medicare assignment is accepted.	
SHF-MCARE-EOB	The Explanation Of Benefits (EOB) assigned to the "crossover" claim by Medicare.	
SHF-MCARE-HDR-DATA-1	Group definition of Medicare provider number and ICN.	
SHF-MCARE-HDR-DATA-2	Group definition of claim related Medicare fields such as paid amt, date, and status.	
SHF-MCARE-ICN	Medicare ICN.	
SHF-MCARE-NONCOV-AMT	The amount not covered by Medicare on the "crossover" claim.	
SHF-MCARE-PAY-DATE	The date Medicare paid the claim.	
SHF-MCARE-PROV-NUM	The provider number for which Medicare paid the "crossover" claim.	
SHF-MCARE-STATUS	A code indicating Medicare's disposition of the "crossover" claim.	
SHF-MCARE-TOT-ALLOW	The total amount Medicare allowed on the "crossover" claim.	
SHF-MCARE-TOT-BILL	The total amount billed to Medicare on the "crossover" claim.	
SHF-MCARE-TOT-COINS	The amount of co-insurance on the Medicare "crossover" insurance claim.	Cross Over INSurance (COINS).
SHF-MCARE-TOT-DED	The Medicare deductible amount due on the "crossover" claim.	
SHF-MCARE-TOT-PAY	The amount paid by Medicare on the "crossover" claim.	
SHF-MED-CLASS	The medical class.	
SHF-MED-COV	The medical coverage.	
SHF-MED-DEDUCT	The Medicare deductible amount due on the "crossover" claim.	



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Data Element/Structure	Definition/Explanation	Comments
SHF-MED-REC-NUM	A number submitted by the provider, keyed, and sent back to the provider on the Remittance Advice (RA) to assist in identification of the recipient.	Medical record number.
SHF-MSIS-PRESCRIBER	Prescribing Physician ID number.	
SHF-NINTH-DIAG	The International Classification of Diseases (ICD)-9-CM code describing the physician's ninth diagnosis.	
SHF-NON-COV-AMT	The non-covered amount.	
SHF-ODTL-BILL-AMT	The billed amount on the original detail (claim) being adjusted.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-ODTL-CONV-FACTOR	The conversion factor on the original detail (claim).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.  Will be moved by B300 when an adjustment is applied.
SHF-ODTL-COPAY	The amount on the original detail (claim) for which the patient is responsible.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.  This varies depending on claim type, service, etc
SHF-ODTL-COV-DAYS	The number of days covered on the original detail (claim).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-ODTL-FP-IND	A code that indicates if the service on the original detail (claim) related to Family Planning (FP).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-ODTL-INS	Other insurance amount applied to on the original detail (claim) being adjusted.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-ODTL-LVL3-RVS-UNITS	Original Units on an adjustment claim in relative value study units.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.  This is moved by B300 when an adjustment is applied.
SHF-ODTL-MCAID-	The original detail Medicaid share.	Occurs 0 to 38 times



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Data Element/Structure	Definition/Explanation	Comments
SHARE		depending on “SHF-DTL-CNT”.
SHF-ODTL-NON-MCAID-SHARE	The original detail non-Medicaid share.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-ODTL-PAID-AMT	The amount paid by Medicaid on the original detail (claim).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-ODTL-SPEND	The “spenddown” amount applied to the original detail (claim) being adjusted.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.  This amount may have been adjusted.
SHF-ODTL-UB82-NONCOV	The non-covered charges pertaining to the related revenue code on the original detail (claim) being adjusted.	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.  Redefines “SHF-ODTL-SPEND”.  Uniform Bill (UB) 82 is obsolete.
SHF-OTHER-INS	Other insurance.	
SHF-OTHER-REVENUES	Other revenues.	
SHF-PAID-AMT	The amount paid.	
SHF-PA-NUM	Prior Approval (PA) number (Type, Date, Range).	
SHF-PAT-CNTRL-NUM	The patient’s control number.	
SHF-PAT-LIAB	The amount the patient is liable to pay for on the claim.	
SHF-PAYER-CODE	Code for population group payer.	
SHF-PAY-TYPE	Payment code.	PYMT-N-SUSPENSE VALUE '0'.  PYMT-MONTHLY VALUE '1'.  PYMT-MONTHLY VALUE '2'.  OPEN-SHUT



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Data Element/Structure	Definition/Explanation	Comments
		VALUE '5'. NO-CHECK-ISSUED VALUE '6'. FC-REIMB-ONLY VALUE '7'. VENDOR-PYMT-ONLY VALUE '8'. MED-ASSIST-ONLY VALUE '9'.
SHF-PERIOD-CODE	No longer used.	
SHF-PRESCRIBER	Attending provider number.	
SHF-PRESCRIBER-FILLER	Expansion of 13-digit attending provider number.	Filler for “SHF-PRESCRIBER”.
SHF-PRIMARY-DIAG	The International Classification of Diseases (ICD)-9-CM code describing the physician's primary diagnosis.	
SHF-PROF-COMP	Professional component amount on drug claims.	
SHF-PROG-CODE	Beneficiary program code.	
SHF-PROV-CNTY	The North Carolina county where the provider's office is located.	
SHF-PROV-DISC-AMT	Provider discount amount.	
SHF-PROV-ENROLL-SOURCE-PAYER	Payer that enrolls the base (source) provider.	Will usually be Medicaid.
SHF-PROV-SITE-STATE	The provider's State.	
SHF-PROV-SPEC-NUM	The provider's specialty number.	
SHF-PROV-TYPE-NUM	The provider's type number.	
SHF-RA-NBR	The Remittance Advice (RA) number.	
SHF-REF-ICN-CLAIM	Referance Internal Control Number (ICN) on the claim.	
SHF-REF-ICN-DATE	Referance Internal Control Number (ICN) date on the claim.	
SHF-REF-ICN-FIN-PAYER	Referance Internal Control Number (ICN) financial payer on the claim.	
SHF-REFUGEE-IND	Identifies the recipient as a refugee.	
SHF-REIM-RATE	The reimbursement rate for the claim.	



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Data Element/Structure	Definition/Explanation	Comments
SHF-RSN-CODE	Return reason code.	
SHF-SBHC-IND	School based health center indicator.	
SHF-SBHC-SPONSOR	School based health center sponsor ID.	
SHF-SECOND-DIAG	The International Classification of Diseases (ICD)-9-CM code describing the physician's second diagnosis.	
SHF-SEPARATION-COUNT	Indicator-type field identifying if a claim was separated or not.	If separated, this field will show how many financial payers it was separated into.  This will allow us to easily tell if a claim has been separated or not.
SHF-SEVENTH-DIAG	The International Classification of Diseases (ICD)-9-CM code describing the physician's seventh diagnosis.	
SHF-SHF-DTL-CA-SPECIAL-EXEMPT	Special exemption for Carolina Access (CA).	Occurs 0 to 38 times depending on “SHF-DTL-CNT”.
SHF-SIXTH-DIAG	The International Classification of Diseases (ICD)-9-CM code describing the physician's sixth diagnosis.	
SHF-SPECIAL-PRICING-IND	Special pricing indicator for the claim.	
SHF-SPENDDOWN	Spenddown amount.	
SHF-SRN-NUM	The Service Request Number (SRN).	
SHF-SSI-STATUS	The recipient’s Social Security Income (SSI) status.	
SHF-STATE-AMT	The amount for which the State is liable.	
SHF-STATE-AMT-FP	The Family Planning (FP) amount for which the State is liable.	
SHF-SUB-ALPHA	The first character of the submitted Medicaid Identification (MID) number.	
SHF-SUBMITTED-MID	The submitted Medicaid Identification (MID) number.	
SHF-SUB-SSN	The recipient’s submitted Social Security Number (SSN).	



Data Definition File – Medicare/Provider/Recipient Data – HMEY2101		
Data Element/Structure	Definition/Explanation	Comments
SHF-SURG-PCODE-2	Additional surgery procedure code.	
SHF-SURG-PCODE-3	Additional surgery procedure code.	
SHF-SURG-PCODE-4	Additional surgery procedure code.	
SHF-SURG-PCODE-5	Additional surgery procedure code.	
SHF-SURG-PCODE-6	Additional surgery procedure code.	
SHF-SURG-PCODE-DATE-2	Date additional surgery procedure code was performed.	
SHF-SURG-PCODE-DATE-3	Date additional surgery procedure code was performed.	
SHF-SURG-PCODE-DATE-4	Date additional surgery procedure code was performed.	
SHF-SURG-PCODE-DATE-5	Date additional surgery procedure code was performed.	
SHF-SURG-PCODE-DATE-6	Date additional surgery procedure code was performed.	
SHF-SURG-PCODES	Surgery procedure codes.	
SHF-SURG-PRIN-PCODE	Primary surgery procedure code.	
SHF-SURG-PRIN-PCODE-DATE	Date of primary procedure code.	
SHF-THIRD-DIAG	The International Classification of Diseases (ICD)-9-CM code describing the physician's third diagnosis.	
SHF-TOT-BILLED	The total amount billed on the claim.	
SHF-TOT-BILLED-ORIG	The original total amount billed on the claim.	
SHF-TPL-IND	Third Party Liability (TPL) indicator.	
SHF-TXN-TYPE	Transaction type.	
SHF-UB-IND	Uniform Bill (UB) indicator.	
FILLER		<p>Fillers are generally used to add information or refine elements.</p> <p>For this copy book some of the fillers redefine the following:</p> <p>“SHF-MCARE-HDR-</p>



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Data Element/Structure	Definition/Explanation	Comments
		DATA-1” “SHF-MCARE-HDR- DATA-1”.



## DOCUMENT CHANGE LOG

Draft versions have no approval authority and may contain many iterations before approval authority.

<b>Version</b> (Major changes are new versions)	<b>Approval Date</b> (mm/dd/yy)	<b>Changed By</b> (Person who made the changes for this version)	<b>Approval</b> (Approving Authority (name) – may be “N/A”)	<b>Reason</b> (List major change reasons only)
Draft	xx/xx/xx	Russell Blackburn Jr.		Initial document creation and updates until v1.0 approval.
v1.0				